

Cooperman Barnabas Medical Center

Women's Health Education/Parent Education

Registration Form

Please complete form and email to Teresa.Lastella@rwjbh.org

Fax to 973-322-9784 or call 973-322-5360

Patient Name: _____ Age: _____

Partner's Name: _____

Full Address: Street _____

City/Town/Zip _____

Email: _____

Cell number: _____

OB/GYN: _____ Due Date: _____

Class Selection

Virtual Breastfeeding Class - \$40.00

Virtual Childbirth Series/Newborn Care - \$95.00

Preference: Evenings Full day Saturday Full day Sunday

Virtual Cesarean Preparation/Newborn Care - \$40.00

Private 1:1 with a Childbirth Educator - \$200.00

*All Classes are taught with a certified childbirth educator/lactation consultant.

Payment

Check # _____

Credit Card Number: _____

Name on Credit Card: _____

Expiration date: _____ Auth Code: _____ Total: \$ _____